

For office use only:

Community Emergency Response Team (CERT) Training

I would like to register for the CERT course to be held on September 28, 29, 30 at the Randall Fire Department. Times will be 6-10 pm Friday night, 8 am – 5 pm Saturday and Sunday.

I am unable to attend this scheduled training course, but please contact me about future CERT training.

Please Print Clearly

Name:

Street Address:

City:

State:

Zip:

Organization (if applicable):

Telephone (Day):

(Evening):

Email at which you want to be contacted about the class:

Additional certifications you hold:

Please mail this form (one registration per form, please) to:

Kenosha County Emergency Management

Attn: Linda Botts

1000 55th St.

Kenosha, WI 53140

Or fax to:

Kenosha County Emergency Management

Attention: Linda

262.605.7905

**FOR MORE INFORMATION ABOUT CERT, PLEASE CALL
SOUTHEAST WISCONSIN CITIZEN CORPS, 262.605.7903.**

**KENOSHA COUNTY
COMMUNITY EMERGENCY RESPONSE TEAM PROGRAM
HOLD HARMLESS/PERMISSION REQUEST**

I, _____, hereby request permission to participate in the Kenosha County Community Emergency Response Team (CERT) program. I understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities.

I agree to hold the County of Kenosha, Kenosha County Emergency Management, and all municipalities, schools, churches, and businesses within Kenosha County and their officers, agents, and employees harmless from any and all claims, actions, suits, and/or injury that I may suffer and which may arise as a result of my participation in the above mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

By executing this release I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely and voluntarily.

SIGNATURE

DATE

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER